

Washington State Laws and Guidelines Related to Sexuality Education

RCW 28A.230.020**Common school curriculum -- Fundamentals in conduct.**

All common schools shall give instruction in reading, penmanship, orthography, written and mental arithmetic, geography, the history of the United States, English grammar, physiology and hygiene with special reference to the effects of alcohol and drug abuse on the human system, science with special reference to the environment, and such other studies as may be prescribed by rule or regulation of the state board of education. All teachers shall stress the importance of the cultivation of manners, the fundamental principles of honesty, honor, industry and economy, the minimum requisites for good health including the beneficial effect of physical exercise and methods to prevent exposure to and transmission of sexually transmitted diseases, and the worth of kindness to all living creatures and the land. The prevention of child abuse may be offered as part of the curriculum in the common schools.

[1991 c 116 § 6; 1988 c 206 § 403; 1987 c 232 § 1; 1986 c 149 § 4; 1969 c 71 § 3; 1969 ex.s. c 223 § 28A.05.010. Prior: 1909 p 262 § 2; RRS § 4681; prior: 1897 c 118 § 65; 1895 c 5 § 1; 1890 p 372 § 45; 1886 p 19 § 52. Formerly RCW 28A.05.010, 28.05.010, and 28.05.020.]

WAC 180-50-140**Sex education -- Definition -- Optional course or subject matter -- Excusal of students.**

- (1) Local option. The decision as to whether or not a program about sex education or human sexuality is to be introduced into the common schools is a matter for determination at the district level by the local school board, the duly elected representatives of the people of the community.
- (2) Definition(s).
 - (a) Sex education for the purpose of this regulation is defined as the study of the anatomy and the physiology of human reproduction.
 - (b) Human sexuality for the purpose of this regulation is defined as the characteristics or qualities that distinguish between maleness and femaleness. It includes the physiological, psychological, and sociological processes experienced by an individual.
- (3) Development of instruction in sex education and human sexuality. School districts shall involve parents and school district community groups in the planning, development, evaluation, and revision of any instruction in sex education and human sexuality offered as a part of the school program.

- (4) Excusal of students -- Alternative studies. Any parent or legal guardian who wishes to have his/her child excused from any planned instruction in sex education or human sexuality may do so upon filing a written request with the school district board of directors or its designee and the board of directors shall make available the appropriate forms for such requests. Alternative educational opportunities shall be provided for those excused.

[Statutory Authority: RCW 28A.04.120 (6) and (8). 84-21-004 (Order 12-84), § 180-50-140, filed 10/4/84.] The rule immediately above cites RCW 28A.04.120 as its statutory basis. That statute has been recodified as the following section: RCW 28A.305.130.

RCW 28A.640.020(1)(d)

Reference to sex education in sexual harassment statute.

Specifically with respect to course offerings, all classes shall be required to be available to all students without regard to sex: PROVIDED, That separation is permitted [*by the legislature, at a district's discretion*] within any class during sessions on sex education or gym classes.

RCW 28A.230.070 (AIDS Omnibus Act)

AIDS education in public schools -- Limitations -- Program adoption -- Model curricula -- Student's exclusion from participation.

- (1) The life-threatening dangers of acquired immunodeficiency syndrome (AIDS) and its prevention shall be taught in the public schools of this state. AIDS prevention education shall be limited to the discussion of the life-threatening dangers of the disease, its spread, and prevention. Students shall receive such education at least once each school year beginning no later than the fifth grade.
- (2) Each district board of directors shall adopt an AIDS prevention education program which is developed in consultation with teachers, administrators, parents, and other community members including, but not limited to, persons from medical, public health, and mental health organizations and agencies so long as the curricula and materials developed for use in the AIDS education program either
- (a) are the model curricula and resources under subsection (3) of this section, or
 - (b) are developed by the school district and approved for medical accuracy by the office on AIDS established in RCW 70.24.250. If a district elects to use curricula developed by the school district, the district shall submit to the office on AIDS a copy of its curricula and an affidavit of medical accuracy stating that the material in the district-developed curricula has been compared to the model curricula for medical accuracy and that in the opinion of the district the district-developed materials are medically accurate. Upon submission of the affidavit and curricula, the district may use these materials until the approval procedure to be conducted by the office of AIDS has been completed.
- (3) Model curricula and other resources available from the superintendent of public instruction may be reviewed by the school district board of directors, in addition to materials designed locally, in developing the district's AIDS education program. The model curricula shall be

reviewed for medical accuracy by the office on AIDS established in RCW 70.24.250 within the department of social and health services.

- (4) Each school district shall, at least one month before teaching AIDS prevention education in any classroom, conduct at least one presentation during weekend and evening hours for the parents and guardians of students concerning the curricula and materials that will be used for such education. The parents and guardians shall be notified by the school district of the presentation and that the curricula and materials are available for inspection. No student may be required to participate in AIDS prevention education if the student's parent or guardian, having attended one of the district presentations, objects in writing to the participation.
- (5) The office of the superintendent of public instruction with the assistance of the office on AIDS shall update AIDS education curriculum material as newly discovered medical facts make it necessary.
- (6) The curriculum for AIDS prevention education shall be designed to teach students which behaviors place a person dangerously at risk of infection with the human immunodeficiency virus (HIV) and methods to avoid such risk including, at least:
 - (a) The dangers of drug abuse, especially that involving the use of hypodermic needles; and
 - (b) The dangers of sexual intercourse, with or without condoms.
- (7) The program of AIDS prevention education shall stress the life-threatening dangers of contracting AIDS and shall stress that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of the AIDS virus through sexual contact. It shall also teach that condoms and other artificial means of birth control are not a certain means of preventing the spread of the AIDS virus and reliance on condoms puts a person at risk for exposure to the disease.

[1994 c 245 § 7; 1988 c 206 § 402. Formerly RCW 28A.05.055.]

Washington State Guidance on Sexuality Education for Schools

Beginning in January, 2005, check the website of the WA State Office of the Superintendent of Public Instruction (OSPI) for a new publication offering guidance on sexuality education to WA State schools. The publication is being co-authored by OSPI and WA State Department of Health. www.k12.wa.us/curriculuminstruct/healthfitness

Additionally, you can visit the WA OSPI website to order the OSPI model curriculum "Know HIV/STD" and to view a list of approved HIV/AIDS curricula, videos and materials that meet the basic requirements of the AIDS Omnibus Act. They are not necessarily medically accurate in other respects, nor do they have the specific endorsement of Public Health – Seattle & King County or OSPI. Some may be pedagogically sound, age-appropriate resources and others, not.

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WASHINGTON STATE

Guidelines for Sexual Health Information and Disease Prevention

From the Washington State Department of Health & the Office of Superintendent of Public Instruction (OSPI)

January 13, 2005

FOREWORD:

The Washington State Department of Health (DOH) and the Office of Superintendent of Public Instruction (OSPI), jointly established The Guidelines for Sexual Health Information and Disease Prevention. The voluntary guidelines were developed in response to a bipartisan request from 41 state legislators.

These guidelines provide a framework for medically and scientifically accurate sex education for Washington youth. DOH and OSPI strongly encourage all school districts, community-based organizations, juvenile detention centers, and tribal health programs vested in adolescent health to participate in the distribution of the guidelines. The guidelines are available for public view at the following Web site: <http://www.k12.wa.us/CurriculumInstruct/healthfitness/>

PURPOSE OF THE GUIDELINES:

- 1) To describe effective sex education and its outcomes;
- 2) To provide a tool for educators, policy-makers and others to evaluate existing or new programs, curricula or policies;
- 3) To enhance and strengthen sex education programs;
- 4) To educate schools and school districts, community organizations, communities of faith, the public, the media, policymakers and others involved in educating youth.

THE GOAL OF SEX EDUCATION:

Achieving healthy sexuality is a developmental process from birth to senior adulthood; so is learning about sexuality. In the early years, the foundation for mature adult sexuality is laid with such building blocks as healthy self-esteem, positive body image, good self-care, effective communications, respect for others, caring for family and friends, and a responsibility to community. As an individual matures, other essential elements are added such as understanding body changes, sexual intimacy and commitment; knowing and using health enhancing measures, such as health exams, abstinence and protection; and recognizing the joys and responsibilities of parenting.

Washington State's HIV/AIDS education (RCW 28A.230.070) and Bully and Harassment Policy (WAC 392-190-056) requirements are supported by the objectives of sex education. The goal of sex education is safe and healthy people. These are individuals who:

- Express love and intimacy in appropriate ways.
- Avoid exploitative or manipulative relationships.
- Recognize their own values and show respect for people with different values.
- Take responsibility for and understand the consequences of their own behavior.
- Communicate effectively with family, friends and partners.
- Talk with a partner about sexual activity before it occurs, including sexual limits (their own and their partner's), contraceptive and condom use, and meaning in the relationship.
- Plan effectively for reproductive health and disease prevention regardless of gender.
- Seek more information about their health as needed.

GUIDELINES FOR SEXUAL HEALTH INFORMATION AND DISEASE PREVENTION:

Evidence suggests that sex education programs that provide information about both abstinence and contraception can delay the onset of sexual activity in teenagers, reduce their number of sexual partners and increase contraceptive use when they become sexually active. These programs:

- Are age and culturally appropriate.

- Use information and materials that are medically and scientifically accurate and objective.

- Encourage and improve communication, especially around growth and development, with parents/guardians and other trusted adults. (The quality of parent-child communications about sex and sexuality appears to be a strong determinant of adolescents' sexual behavior).

- Identify resources to address individual needs, for present and future concerns and questions.

- Enlighten young people to develop and apply health-promoting behaviors, including disease prevention and detection and accessing accurate health information that is age appropriate.

- Provide information about sexual anatomy and physiology and the stages, patterns, and responsibilities associated with growth and development.

- Stress that abstinence from sexual activity is the only certain way to avoid pregnancy and to reduce the risk of sexually transmitted diseases (STDs), including HIV.

- Acknowledge that people may choose to abstain from sexual activity at various points in their lives.

- Address the health needs of all youth who are sexually active, including how to access health services.

Provide accurate information about STDs including how STDs are and are not transmitted and the effectiveness of all FDA approved methods of reducing the risk of contracting STDs.

Provide accurate information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy.

Provide information on local resources for testing and medical care for STDs and pregnancy.

Promote the development of intrapersonal and interpersonal skills including a sense of dignity and self-worth and the communication, decision-making, assertiveness and refusal skills necessary to reduce health risks and choose healthy behaviors.

Recognize and respect people with differing personal and family values.

Encourage young people to develop and maintain healthy, respectful and meaningful relationships and avoid exploitative or manipulative relationships.

Address the impact of media and peer messages on thoughts, feelings, cultural norms and behaviors related to sexuality as well as address social pressures related to sexual behaviors.

Promote healthy self-esteem, positive body image, good self-care, respect for others, caring for family and friends and a responsibility to community.

Teach youth that learning about their sexuality will be a lifelong process as their needs and circumstances change.

Encourage community support and reinforcement of key messages by other adults and information sources.

COMMON CHARACTERISTICS OF EFFECTIVE SEX EDUCATION PROGRAMS:

Dr. Douglas Kirby, a Senior Research Scientist at Education, Training, Research (ETR) Associates, conducted a review of sex education programs that have been rigorously evaluated using quantitative research and shown to be effective in reducing risk-taking behaviors. In his recent landmark review of teenage pregnancy prevention programs, Dr. Kirby identified ten common characteristics of these types of programs. Specifically, such programs:

Deliver and consistently reinforce a clear message about abstinence as the only sure way to avoid unintended pregnancy and STDs; and about using condoms and other forms of contraception if they are sexually active. (This appears to be one of the most important characteristics that distinguish effective from ineffective programs.)

Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection.

Are based on theoretical approaches that have been demonstrated to influence other health-related behavior and identify specific important risky behaviors to be targeted.

Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse for protection against pregnancy and STDs.

Include activities that address social pressures on sexual behavior.

Provide modeling and practice of communication, negotiation and refusal skills.

Employ a variety of teaching methods designed to involve the participants and have them personalize the information.

Incorporate behavioral goals, teaching methods and materials that are appropriate to the age, sexual experience, and culture of the students.

Last a sufficient length of time to complete important activities adequately—i.e., more than a few hours. (Generally speaking, short-term curricula may increase conceptual understanding, but do not have measurable impact on the behavior of teens).

Select educators who believe in the program they are implementing and provide them with quality training.

It should be noted that the absence of even one of the above characteristics appeared to make a program appreciably less likely to be effective.

GLOSSARY:

Effective programs: are those programs that have been shown, in sound peer-reviewed qualitative or quantitative research, to be associated with a reduction in sexual risk-taking behaviors, an increase in health protective behaviors and other associated benefits such as increased self-esteem or enhanced respect for others.

Medically and scientifically accurate: refers to information that is verified or supported by research in compliance with scientific methods and published in peer-review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the American College of Obstetricians and Gynecologists (<http://www.acog.org>), the Department of Health (<http://www.doh.wa.gov>), and the Centers for Disease Control and Prevention (<http://www.cdc.gov>).

Sexuality: is a significant aspect of a person's life consisting of many interrelated factors including but not limited to sexual anatomy, physiology, growth and development; gender, gender identity and gender role/expression; sexual orientation and sexual orientation identity; sexual behaviors and lifestyles; sexual beliefs, values and attitudes; body image and self-esteem, sexual health; sexual [thoughts and feelings]; relationship to others; [and] life experiences.

Sex education: refers both to teaching about sexuality and to the lifelong process of learning about sexuality. Typically, the main objectives of formal sex education programs are as follows:

- 1) To help foster responsibility regarding sexual relationships, including addressing abstinence, resisting pressure to become prematurely involved in sexual activity, and encouraging the use of contraception and other sexual health measures;
- 2) To provide learners with an opportunity to explore and assess their own values, to increase self-esteem, create insights concerning relationships with others, and understand their obligations and responsibilities to self and others;
- 3) To help learners develop important interpersonal skills--such as communication, decision-making, assertiveness, peer refusal skills--to create more satisfying and healthy relationships;
- 4) To provide learners with information about human sexuality and relationships, including but not limited to the topics listed above under "Sexuality".

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